

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6-8-03.

## I. DISPUTE

Whether there should be reimbursement for CPT code 97265.

## II. FINDINGS

The respondent denied reimbursement based upon "F – Reduction According to Fee Guideline. Exceeds the Limitations of the Physical Medicine Ground Rules."

## III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
11-11-02 11-13-02 11-15-02 11-21-02 11-26-02 11-30-02 12-3-02 12-5-02	97265	\$43.00	\$0.00	F	\$43.00	Medicine GR (I)(B)(1)(b) CPT Code Descriptor Medicine GR (I)(A)(10)(a)	The requestor billed an office visit with chiropractic manipulation and physical therapy services on the disputed dates of service.  On 11-11-02, 11-13-02, 11-15-02, 11-21-02, 11-26-02, 11-30-02, 12-3-02 and 12-5-02 the insurance carrier already reimbursed the requestor for 4 physical therapy services; therefore, on these dates the requestor exceeded the number of services allowed per MFG. The Medical Review Division cannot recommend payment that exceeds the limits established in Medicine GR (I)(A)(10) a).

## IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code (97265).

The above Findings and Decision are hereby issued this 12th day of February 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division